

<b>Case Number:</b>	CM13-0008826		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	09/04/2003
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported injury on 09/04/2003. The mechanism of injury was not provided. Per the physician letter dated 09/19/2013 the patient was noted to be able to decrease from 10 mg to 2.5 mg of Norco on an as needed basis. It was further noted the patient was able to utilize Sonata on an as needed basis. The patient's diagnoses were noted to include status post right shoulder arthroscopic surgeries, status post right carpal tunnel release, dynamic left carpal tunnel syndrome and de Quervain's tenosynovitis, right elbow medial epicondylitis and psychiatric complaints deferred. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prospective request for 1 prescription of Norco 2.5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug

taking behavior. Clinical documentation submitted for review indicated that the patient utilizes the medication on an as needed basis. It further indicated that the patient was provided with a quantity of 60 tablets when the medication was refilled; however, it was noted the patient refilled the medication every several months due to the fact that they were being on an as needed basis. It was noted the patient had intermittent flare-ups of pain measuring severe in intensity and the physician opined that over the counter prescription strength nonsteroidal and anti-inflammatory medication would not be adequate to control the acute flare-ups. Clinical documentation, however, failed to provide documentation of the improvement and quality of life and it failed to provide objective analgesia. The patient was taking the medication on an as needed basis, there was a lack of documentation of exceptional factors to warrant #60 tablets. Given the above, and taking the appeal letter into consideration, the request is not medically necessary.

**Prospective request for 1 prescription of Sonata 10mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments, Online Version

**Decision rationale:** The Official Disability Guidelines (ODG) indicate that Sonata reduces sleep latency and is a nonbenzodiazepine sedative hypnotic which is a first-line medication for insomnia. It was noted that the patient used the Sonata when she was unable to fall asleep and reported a quicker onset of sleep with approximately 6 to 7 hours of continuous sleep with the use of the medication. However, clinical documentation submitted for review indicated that the patient was using the medication on an as needed basis. There was a lack of documentation indicating the necessity for 30 tablets. Given the above and taking into consideration the handwritten letter, the request is not medically necessary.